

2006

Trends in family-centered early intervention

Jody Lee Albertson
University of Northern Iowa

Let us know how access to this document benefits you

Copyright ©2006 Jody Lee Albertson

Follow this and additional works at: <https://scholarworks.uni.edu/etd>



Part of the [Social Work Commons](#), and the [Special Education and Teaching Commons](#)

Recommended Citation

Albertson, Jody Lee, "Trends in family-centered early intervention" (2006). *Dissertations and Theses @ UNI*. 482.

<https://scholarworks.uni.edu/etd/482>

This Open Access Thesis is brought to you for free and open access by the Student Work at UNI ScholarWorks. It has been accepted for inclusion in Dissertations and Theses @ UNI by an authorized administrator of UNI ScholarWorks. For more information, please contact scholarworks@uni.edu.

TRENDS IN FAMILY-CENTERED EARLY INTERVENTION

A Thesis
Submitted
in Partial Fulfillment
of the Requirements for the Degree
Specialist in Education

Jody Lee Albertson
University of Northern Iowa
May 2006

TRENDS IN FAMILY-CENTERED EARLY INTERVENTION

An Abstract of a Thesis
Submitted
in Partial Fulfillment
of the Requirements for the Degree
Specialist in Education

Jody Lee Albertson
University of Northern Iowa
May 2006

ABSTRACT

Family-centered early intervention services have been evolving for quite some time, and the role of the family in intervention for children with disabilities has changed drastically. Part C of the Individuals with Disabilities Education Act (IDEA) mandated the family-centeredness of early intervention services, which is evident in the services and supports a family receives, the Individualized Family Services Plan document, and service coordination activities. The Office of Special Education Programs (OSEP) then conducts compliance monitoring to gauge whether states are in compliance with IDEA. State monitoring reports are available to the public online.

The purpose of this study was to examine current trends in family-centered services to infants and toddlers with disabilities and their families and discuss barriers to family-centeredness by analyzing the monitoring reports available online. Results are presented both qualitatively and quantitatively.

Results were organized into the areas of family-centered supports and services, the IFSP, and service coordination. Themes discovered in family-centered supports and services included: problems with family assessment; problems with writing family outcomes; a lack of knowledge on the part of service coordinators, administrators, or providers; and a lack of available resources. Themes discovered in the family-centeredness of the IFSP included: a lack of the required components, inappropriate decision-making process, problems in documenting services, problems in providing services. Finally, themes discovered in service coordination included: failure to carry out

all service coordination duties and failure to provide a single point of contact from the time of referral.

The results of this study indicated some serious needs in the early intervention system. Improvements need to be made in three areas essential to providing high quality family-centered services: training, communication, and funding.

This Study by: Jody Lee Albertson

Entitled: TRENDS IN FAMILY-CENTERED EARLY INTERVENTION

has been approved as meeting the thesis requirement for the Degree of Specialist in
Education

11-16-05
Date

Dr. Charlotte Haselhuhn, Chair, Thesis Committee

11/14/05
Date

Dr. Kerri Clopton, Thesis Committee Member

11/16/05
Date

Dr. Donna Raschke, Thesis Committee Member

3-29-06
Date

Dr. Susan J. Koch, Dean, Graduate College

TABLE OF CONTENTS

	PAGE
LIST OF TABLES	iv
LIST OF ACRONYMS	v
CHAPTER 1. INTRODUCTION	1
Compliance Monitoring	5
CHAPTER 2. METHOD	10
CHAPTER 3. RESULTS	12
Family-centeredness	12
IFSPs	17
Service Coordination	25
Summary of Results	29
CHAPTER 4. DISCUSSION	32
Implications	32
Limitations	34
REFERENCES	36
APPENDIX: DATA COLLECTION GRID	41

LIST OF TABLES

TABLE	PAGE
1 Citations in the area of family-centeredness by state.....	13
2 Citations regarding IFSPs by state	18
3 Citations regarding service coordination by state	26

LIST OF ACRONYMS

CIFMS: Continuous Improvement Focused Monitoring System

CIMP: Continuous Improvement Monitoring Process

EHA: Education of the Handicapped Act

IDEA: Individuals with Disabilities Education Act

IFSP: Individualized Family Service Plan

OSEP: Office of Special Education Programs

USDE: United States Department of Education

CHAPTER 1

INTRODUCTION

Historically, the role of the family in early intervention has evolved and continues to evolve. Bruder (2000a) cited Wiedenback (1967) as first using the term *family-centered* as a descriptor of service delivery. She also cited Lilly (1979) and Tjossem (1976) as writing about families who were integrally involved in early intervention. The term initially meant that families should be involved in the activities that professionals deemed important (McWilliam, Tocci & Harbin, 1998). In the 1950s and 1960s, parent-professional relationships were often based on the counseling/psychotherapy model (Turnbull, Turbiville, & Turnbull, 2000). This model assumed that parental pathology was a response to a child's deficits and focused services on helping the family through the grief cycle. In the 1960s and 1970s, services tended to be child-focused and deficit-oriented (Dunst, Johanson, Trivette, & Hamby, 1991). The family environment was assumed to have caused the child's disabilities, at least in part (Turnbull, Turbiville, & Turnbull, 2000).

In the 1980s, the term family-centered care was formalized into a set of principles guiding service delivery for children with special health care needs (Dunst, Trivette, & Deal, 1988). Family-centered services for infants and toddlers with disabilities and their families were first mandated during this decade when Congress passed P.L. 99-457, The Education of the Handicapped Act Amendments (EHA) of 1986. This act developed into the Individuals with Disabilities Education Act (IDEA) in which Part C pertains to infants and toddlers. One of the goals of Part C services is to "enhance the capacity of

families to meet the special needs of their infants and toddlers with disabilities” [20 U.S.C. Section 1431(a)(4)].

The Office of Special Education Programs (OSEP) provided some insight into this time in history in the introduction to the state monitoring reports. OSEP monitors each state’s compliance with Part B and Part C of IDEA, and then compiles a monitoring report. These reports are available online. The introduction to the family-centered section of numerous state monitoring reports (e.g., OSEP, 2001, *Florida*, p. 29) stated:

In 1986, Part C of the IDEA was recognized as the first piece of Federal legislation to specifically focus attention on the needs of the family related to enhancing the development of children with disabilities. In enacting Part C, Congress acknowledged the need to support families and enhance their capacity to meet the needs of their infants and toddlers with disabilities. On the cutting edge of education legislation, Part C challenged systems of care to focus on the family as the unit of services, rather than the child. Viewing the child in the context of her/his family and the family in the context of their community, Congress created certain challenges for States as they designed and implemented a family-centered system of services.

Since the passage of the EHA in 1986, much work has been done by researchers to develop and clarify important components of family-centeredness. During the 1990s family-centered early intervention emphasized three values which included a focus on family’s strengths, the promotion of family choice and control, and the development of a collaborative relationship between professionals and parents (Dunst, Trivette, & Deal, 1994). Allen and Petr (1996) reported similar findings when they conducted a literature review of 120 professional articles to develop a definition that reflected the thinking regarding family-centeredness across disciplines in 1995. The definition they suggested was: “Family-centered service delivery, across disciplines and settings, recognizes the centrality of the family in the lives of individuals. It is guided by fully informed choices

made by the family and focuses upon the strengths and capabilities of these families” (p. 68).

Other researchers included a few more components to family-centeredness. McWilliam, Tocci et al. (1998) completed a study examining the practice of six special education providers to determine a definition of family-centeredness. They identified six themes that were common in providers providing family-centered services: family orientation, positiveness, sensitivity, responsiveness, friendliness, and child and community skills. Baird and Peterson (1997) cited several researchers and authors in stating the tenets of family-centered practice that have become hallmarks of best practice in early intervention. The family is the expert on the child, the ultimate decision maker for the child and family, and the constant in the child’s life. The family’s priorities and choices regarding goals, services, and level of participation are important. There must be a collaborative, trusting relationship between parents and professionals that is respectful of differences in cultural identify, beliefs, values, and coping styles.

Thompson et al. (1997) stated that several required elements of Part H, the precursor to Part C of IDEA, were designed to enhance family empowerment. One of the most important of these elements is the Individualized Family Service Plan (IFSP). The requirement that the IFSP is a plan relying on the family’s assessment of their own strengths and needs is intended to “offset the power differential implicit in a meeting where service providers usually outnumber family members” (Thompson et al., 1997). The IFSP revolves around the family and includes outcomes targeted for the family (Bruder, 2000b). McWilliam, Ferguson, et al. (1998) stated four reasons that this

document should be family centered. First, a family-centered IFSP allows families to understand the document that pertains to their child's services and sense that they have some control over decision making. Second, because the IFSP guides services, it needs to reflect family priorities. Third, the IFSP should suggest that recommended practices are being implemented. Fourth, the IFSP should document and communicate actual practice to all service providers. The interventions planned should be systematic rather than haphazard, erratic, or arbitrary. IDEA mandates family involvement and consideration of the family's resources, concerns, and needs in the development of the IFSP. In addition to information regarding the infant's or toddler's present levels of development, the IFSP must contain a statement of the family's resources, priorities, and concerns relating to enhancing the development of the family's infant or toddler with a disability. It must contain a statement of the major outcomes expected to be achieved for the infant or toddler and the family and a statement of specific early intervention services necessary to meet the unique needs of the infant or toddler and the family [20 U.S.C. sec. 1436(d)(1-8)].

The IFSP is also required by IDEA to identify a service coordinator. The service coordinator is a second required element important to family empowerment (Thompson et al, 1997). The authors stated that the service coordinator is intended to be a way for families to communicate preferences to other service providers and arrange services. Park and Turnbull (2003) suggested that the requirement for service coordination "reflects the increasing recognition of the importance of coordination and collaboration at the local, state, and federal level on the grounds that no one agency or service provider

has all the knowledge and skills necessary to meet the multiple needs of children and their families participating in early intervention programs.” IDEA required that each child’s family must be provided with one service coordinator who is responsible for coordinating all services across agency lines and serving as a single point of contact in helping parents obtain services and assistance. Service coordination activities include coordination of evaluations and assessments, facilitation of the IFSP process, identification and delivery of available services, informing families of the availability of advocacy services, coordination with medical and health providers, and facilitation of the development of a transition plan to preschool services, if appropriate. Service coordinators are required to have demonstrated knowledge and understanding about eligible infants and toddlers, Part C, and the nature and scope of their state’s early intervention services and programs [20 U.S.C. 1432 (4)].

Compliance Monitoring

In determining whether these requirements are being met in practice, it is useful to analyze the state monitoring reports online at the OSEP website. OSEP monitors each state and jurisdiction in order to assure its compliance with both Part B and C requirements of IDEA and to determine if improvements need to be made to enhance results for children with disabilities and their families. The Continuous Improvement Monitoring Process (CIMP) is a collaboration between state Steering Committees (Part B and Part C) made up of broad-based constituencies from involved state agencies and OSEP. The state monitoring reports contain information regarding the first two steps of the CIMP. The first step is validation planning which consists of public meetings to

discuss Part B and Part C services. An attempt is made to include multi-cultural and underrepresented populations in these public meetings. The second step is validation data collection. This step occurs in three phases. First, the state collects data for self-assessment. Second, representatives of OSEP review the self-assessment with the state steering committees. OSEP conducts focused public input meetings with discussion of identified issues. Then OSEP discusses the public input feedback with the steering committees, administrators, and staff.

In 2003-2004, states were required to respond to the question, “Do family supports, services, and resources increase the family’s capacity to enhance outcomes for infants and toddlers and their families?” as a measure of family-centeredness in their annual performance reports (United States Department of Education [USDE]). The IFSP and service coordination were measured by responses to the following three probes:

1. Do all families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments?
2. Does the timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child?
3. Do IFSPs include all the services necessary to meet the identified needs of the child and family? Are all services identified on IFSPs provided?

The states were required to report a state goal, performance indicators, baseline/trend data, targets, explanation of progress or slippage, projected targets, future activities to achieve projected targets/results, and projected timelines and resources (USDE).

When the state's annual report is submitted, OSEP engages in Continuous Improvement Focused Monitoring System (CIFMS). CIFMS is an integrated, four-part accountability strategy that includes:

- Verifying the effectiveness and accuracy of States' monitoring, assessment, and data collection systems;
- Attending to States at high risk for compliance, financial, and/or management failure;
- Supporting States in assessing their performance and compliance and in planning, implementing, and evaluating improvement strategies; and
- Focusing OSEP's intervention on States with low-ranking performance on critical performance indicators.

(National Early Childhood Technical Assistance Center, n.d.)

The most recent OSEP monitoring reports are available online. These reports describe services in the state, describe the Continuous Improvement Monitoring Process, and identify strengths and areas of noncompliance in both Parts B and C of IDEA. For the purpose of the reports, OSEP clustered Part C services into five major areas: Child Find and Public Awareness, Family-Centered Services, Early Intervention Services in Natural Environments, Early Childhood Transition, and General Supervision. In each area, the reports summarize the IDEA requirement, and then identify strengths, areas of noncompliance, and suggestions for improved results for infants and toddlers and their families.

Although there is some variation in the components of family-centeredness according to researchers, for the purposes of this study, the federal government's interpretation of family-centeredness under IDEA 1997 will be most relevant. Family-centeredness is evident not only in the supports and services a family receives, but also in the service coordination and the IFSP. In the state monitoring reports available at OSEP online (e.g., OSEP, 2001, *Florida*, p. 29), the federal government defined family-centered practices:

Family-centered practices are those in which families are involved in all aspects of the decision-making, families' culture and values are respected, and families are provided with accurate and sufficient information to be able to make informed decisions. A family-centered approach keeps the focus on the developmental needs of the child, while including family concerns and needs in the decision-making process. Family-centered practices include establishing trust and rapport with families, and helping families develop skills to best meet their child's needs.

Parents and other family members are recognized as the lynchpins of Part C. As such, States must include parents as an integral part of decision-making and service provision, from assessments through development of the IFSP, to transition activities before their child turns three. Parents bring a wealth of knowledge about their own child's and family's abilities and dreams for the future, as well as an understanding of the community in which they live.

The IFSP process and resulting document should reflect the family-centeredness of services. In the state monitoring reports (e.g., OSEP, 2001, *Florida*, p. 20), OSEP described the IFSP process:

The evaluation, assessment, and IFSP process is designed to ensure that appropriate evaluation and assessments of the unique needs of the child and of the family, related to enhancing the development of their child, are conducted in a timely manner. Parents are active members of the IFSP multidisciplinary team. The team must take into consideration all the information gleaned from the evaluation and child and family assessment, in determining the appropriate services to meet the child's needs (OSEP).

The OSEP monitoring reports said that the service coordinator is required to act as a single point of contact for a family. They should assist families in understanding and exercising their rights, arrange for assessments and IFSP meetings, and facilitate the provision of services. They coordinate early intervention services and any other services the child and the child's family need. "With a single point of contact, families are relieved of the burden of searching for essential services, negotiating with multiple agencies and trying to coordinate their own service needs" (e.g., OSEP, 2001, *Florida*, p. 20).

These state monitoring reports provide an insightful glimpse into the trends in family-centered services to infants and toddlers with disabilities and their families. In order to determine how family-centered practices are being applied in a real world setting, understand practical barriers, plan future research and training, and perhaps understand how the role of the family in early intervention continues to evolve, it is important to understand the current concerns in family-centered service provision.

CHAPTER 2

METHOD

In order to examine broad national trends and barriers in family-centered service delivery to infants and toddlers with disabilities and their families, the state monitoring reports were analyzed. State reports were examined which had data regarding Part C services under IDEA 1997. Although reports are available from many United States territories, they were not included in this study. If more than one report from a state was available, data from the most recent report was used. Twenty-six reports were available which met these criteria. The reports reflect data collected from the states between 1998 and 2002.

Quantitative data was gathered which summarize trends in non-compliance with regard to family-centeredness. This includes descriptive statistics that simply state how frequently specific concerns related to family-centeredness, the IFSP, and service coordination were cited in the twenty-six states as areas of noncompliance.

Qualitative data was also gathered through content analysis methods which describe the concerns of administrators, providers, and families as related to family-centeredness and the barriers to family-centered services. This included general trends as well as specific statements that are indicative of the trends. The qualitative data is instrumental in understanding the reasons behind the areas of noncompliance and will therefore lead to discussion of possible solutions to these concerns.

Analysis began with three pre-determined categories of family-centered supports and services, service coordination, and the IFSP. As suggested by Stemler (2001), these

a priori categories were determined by the literature cited previously stating that service coordination and the IFSP are important indicators of family-centeredness. A preliminary data collection table was created in which the areas of non-compliance for each state were recorded. This table is included in Appendix A.

Analysis continued with the examination of each of these citations of non-compliance. The state monitoring reports usually stated the finding, followed by a brief description of the IDEA requirements pertaining to the finding, followed by the supporting evidence for this finding. This supporting evidence was the sampling unit (Stemler, 2001) for this analysis. OSEP supported their citations of non-compliance in a brief narrative section by quoting administrators, providers, and parents or by reporting information from file reviews or state self-assessments. These statements were coded and categorized in order to examine them for trends. At this point of the analysis, an inter-rater reliability check was conducted. A second independent coder coded six randomly selected state reports to ensure reliability. A small random sample was an adequate check due to the straightforwardness of the material. The agreement between coders was perfect.

From this coding activity, a master list was created of the barriers to family-centeredness. These were then arranged into mutually exclusive and exhaustive categories and subcategories. At this point a validity check was conducted. The researcher compared the results to the original state monitoring reports in order to ensure that each finding was accurately represented. This check of factual accuracy ensured descriptive validity (Johnson, 1997).

CHAPTER 3

RESULTS

Family-Centeredness

Twelve states (46%) were cited with non-compliance in the area of family-centered services. Ten of these states were non-compliant because family supports and services were not identified on the IFSP. One state was cited because of the lack of effective strategies to ensure opportunity for family assessment. Another state was cited because of failure to ensure that a family-directed identification of the needs of each child's family, to appropriately assist in the development of the child was offered. These concerns frequently resulted in parents being uninformed of available services and supports. Parents also needed to obtain and coordinate family supports and services on their own. Four themes in this area of non-compliance were evident: family assessment was not completed or the assessment tools used did not yield useful results; family outcomes were not included on the IFSP or family outcomes were written as family tasks on the IFSP; administrators, service coordinators, or service providers were unaware or misinformed regarding resources or legislative requirements; or, there was a lack of resources to provide family supports and services. See Table 1 for detailed information regarding each state's citation in the area of family-centeredness.

Table 1.

Citations in the area of family-centeredness by state

State	Family Assessment	Family Outcomes	Lack of Information	Lack of Resources
AR	Lack of a specific method/mechanism to identify family needs, concerns, resources, or priorities. Ineffective tool – social history	No family outcomes		
DC	Did not identify resources, priorities, and concerns of the family as related to the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child. Ineffective tool – family history	Family outcomes written as tasks for family to do rather than services provided to the family		
FL	Services coordinators unable to meet with the family in the home to do family assessment and did not have time to assess family needs	Service coordinators don't write family outcomes due to lack of time		
IA	Formal/informal family assessments inconsistently completed across the state. Ineffective tool - Family information page of the IFSP	Family services provided but not documented on the IFSP and not related to outcomes addressing the family's needs	Service coordinators said that a family outcome was what a family wanted for their child. Did not consider family supports, services, respite care, or other family services to be early intervention services.	In some areas, staff said there were no services or resources available to support families and therefore none were included on the IFSP.
LA	Lack of information about family assessments or the identification of the needs of the family related to enhancing the development of the child. Ineffective tool - Social history		Said they did not consider services to support the family in enhancing the development of their child to be early intervention services. Some service coordinators reported they lacked knowledge of service options.	
MD	Did not meet requirements for addressing family needs in the assessment process and on the IFSP due to very large caseloads. Family assessment information was not used in the development of the IFSP or to determine the family goals and outcomes.			
(Table continues)				

State	Family Assessment	Family Outcomes	Lack of Information	Lack of Resources
NJ	Some IFSPs lacked information regarding families' priorities, concerns, resources, services, or supports. No indication whether families had been informed of and rejected the option to have a family assessment.	No outcomes or services identified even when families had requested parent support services		
NY	Did not ensure proper procedures to ensure that a voluntary, family-directed assessment was conducted for each family. Ineffective tool -Social history			
PA	Did not ensure that an assessment identified the resources, priorities and concerns of the family and the supports and services necessary. Inconsistent formal/informal family assessment activities Ineffective tool -Social history	Family outcomes not addressed on the IFSP and services to meet family needs not on the IFSP	Said they did not consider family supports, services, respite care, or other family services to be early intervention services.	
SC	Did not ensure that a family-directed identification of the needs of each child's family was offered. Ineffective tool - Resource checklist			
SD	Ineffective tool - Resource checklist	When parents indicated a need for assistance, their needs not addressed in child and family outcomes and with appropriate supports and services		Said there were few family supports and services available. Could not identify any local parent support organizations or informal parent support activities. No funds for parent to parent support or program-supported parent support services
WI	Some IFSPs did not have any information regarding the family's priorities, concerns, resources, services, or supports	In IFSPs which did address family concerns, priorities, and resources, there were no identified outcomes or services to meet those needs		

Family Assessment

The OSEP reports for the 12 states cited as non-compliant in the area of family-centeredness all mentioned problems with family assessment. Of the states included in this study ($n=26$), 46% were cited with concerns in this area. In some cases, family assessment was not completed at all. In other cases, the assessment tools were ineffective in helping providers gather information that would lead to determining appropriate supports and services for the family. Service coordinators and providers frequently mentioned large caseloads and lack of time when explaining why family assessments were not completed.

Family Outcomes

Perhaps related to the lack of effective assessment activities in many states, OSEP also found a lack of family outcomes in the IFSPs reviewed. In 31% of the sample states, outcomes related to enhancing the capacity of the family to meet the developmental needs of the child were either missing from the IFSP altogether or were written as tasks for families to do rather than services that would be provided to them. Interestingly, in 8 of the 12 states cited with concerns regarding the family assessment practices or lack of family assessment practices, there were also cited concerns regarding family outcomes.

Lack of Information

A third theme that was evident regarding family supports and services was a lack of information regarding legislative requirements of Part C. In 11.5% of the states included in this study, administrators, service providers, or service coordinators were unaware or misinformed regarding the law. For example, the majority of service

coordinators in Iowa also told OSEP that a family outcome was what the family wanted for their child rather than what was needed to address the needs of the family in enhancing the development of their child. Service coordinators in all areas of Iowa and in Pennsylvania told OSEP that they did not consider family supports, services, respite care or other family services to be early intervention services. A similar sentiment was voiced in Louisiana where service coordinators and administrators said they did not consider services to support the family in enhancing the development of their child to be early intervention services. Service coordinators serving two parishes in Louisiana reported that they lacked knowledge of service options available through early intervention beyond speech, occupational, educational, and physical therapies. They voiced a need for current information about community programs and services.

Lack of Resources

Finally, the fourth theme evident in the area of family-centeredness was a lack of resources. In both Iowa and South Dakota, this was a noted concern. Staff in two regions of Iowa told OSEP that there were no services or resources available to support families and therefore none were included on the IFSP. In all areas of South Dakota, parents, service coordinators, administrators and service providers told OSEP there were few if any available family supports and services to assist families. Network administrators in four out of five areas in South Dakota could not identify any local parent support organizations or informal parent support activities. They also said there were no funds for parent to parent support or program-supported parent support services.

IFSPs

Citations of non-compliance regarding the IFSP were only included if they dealt directly with the family-centeredness of the document. Therefore, any citations that referred solely to non-compliance in meeting timelines were not included in this study. Of the 26 states in the sample, 18 (69%) were cited with concerns in this area. Problems in the family-centeredness of the IFSP were categorized into four areas: IFSPs did not include all required components or all required content, the IFSP team decision-making process was not utilized, all early intervention services were not included on the IFSP, and all services listed on the IFSP were not provided. Table 2 provides detailed information regarding each state cited with non-compliance in the area of the IFSP.

Required Components

Of the 26 states in the study, five (19%) were cited with non-compliance because their IFSPs did not include all required components or all required content. Each state was cited for unique reasons in this area. OSEP reported that IFSPs in California did not include all required components. This was variable across the state. In one area, all IFSPs reviewed lacked present levels of functioning; family concerns, priorities, and resources; duration; location; and list of early intervention services to be provided to the child. OSEP reported that IFSPs in Washington, DC, did not always include the frequency, intensity, and method of delivering services, the projected dates for initiation of services, specific early intervention services, and medical or “other” services.

Table 2.
Citations regarding IFSPs by state

State	Required Components	Decision-making Process	Documentation of Services	Provision of Services
AK		Parent choice – Parents asked where they would like services provided prior to the IFSP team decision determining specific services, frequency, and intensity. Evaluations and assessments completed after parents chose a provider. Provider choice – Provider developed services, frequency, intensity, and location outside of IFSP team meeting	Agency exclusive – only services provided by the service coordinator's agency were included on IFSPs Lack of information – services to support the family are not early intervention activities	
CA	Various concerns across the state	Purchase of service committee decision – IFSP team did not have the ultimate authority to determine services		
CO			Lack of services – respite, transportation, and assistive technology not listed on IFSPs because they are not available	Lack of funding – services not provided if there are inadequate funds Lack of personnel – waiting lists due to shortage of personnel
DC	IFSPs did not always include the frequency, intensity, and method of delivering services, projected dates for initiation of services, specific early intervention services, and medical or "other" services	Provider choice – service location may be dictated by physicians' orders that specify a location Decisions determined by resources – decisions regarding services based on provider availability and payment policies		
FL		Provider choice – Evaluations not completed prior to IFSP meetings. After addition evaluations, provider determine frequency and intensity of services without a meeting		
HI	IFSPs contained outcomes regarding the completion of evaluations after the 45-day timeline had elapsed. Services provided in some cases before comprehensive assessment was completed.			

(Table continues)

State	Required Components	Decision-making Process	Documentation of Services	Provision of Services
IL		Purchase of service committee decision – Quality Enhancement Team had “veto power” over IFSP team decisions		
IA			Agency exclusive – only service provided by the service coordinator’s agency included on IFSP Lack of information – services to support the family are not early intervention activities, administrators unaware of the requirement to include services provided by other agencies on the IFSP	
LA		Provider choice – information concerning specific services, frequency, and intensity added to the IFSP after the meeting without an additional meeting and without parent’s consent prior to provision of services in the revised plan Decisions determined by resources – services changed due to budget cuts without evaluation/assessment	Lack of services – IFSPs contain services that are available not what the child needs	Lack of personnel – waiting lists, difficulties with transportation
OH		Parent choice – parents asked where they would like their child to receive services at initial intake meeting. Parent choice was strong consideration when determining services, frequency, and location Decisions determined by resources – services offered to families based on the availability of resources		
NJ				Lack of funding – two hours of therapy per week provided, fee charged to family if more required Lack of personnel – lack of adequate personnel
(Table continues)				

State	Required Components	Decision-making Process	Documentation of Services	Provision of Services
NM		Parent choice – parents asked to choose from among options available whether or not those options met the needs	Agency exclusive – only services provided by one agency included on IFSPs Lack of services – only the amount of service that can be provided, based on the availability of staff, is written on the IFSP	Lack of personnel – rural areas especially difficult
ND			Medical/other services – services provided by public or private programs or paid for by parents not identified on IFSPs Lack of information – unaware that the IFSP must contain all the services needed by a child and family	Lack of funding – parents had to locate and fund their own services if the services they needed were not available through a public program
PA		Parent choice – Decisions about location of services based on parent choice	Lack of information – did not include specialized child care, special feeding services, behavior supports, social interventions, respite care, and family training and counseling as early intervention services	
SC	Some IFSPs did not contain information regarding the completion of a family assessment. All required services not written into IFSPs.		Medical/other services – not included on IFSPs	Lack of personnel – lack of qualified providers, rural areas especially difficult
SD			Medical/other services – IFSPs contained no entries in the other services section Agency exclusive – services not provided by the early intervention program of the service coordinator not included on the IFSP Lack of information – respite care was not an early intervention and not provided for any child	
(Table continues)				

State	Required Components	Decision-making Process	Documentation of Services	Provision of Services
TX	Outcomes for the family, specific early intervention services for the family, and medical and other services not included on the IFSP			
WI		Provider choice – therapists determine the frequency and intensity prior to the IFSP meetings Decisions determined by resources – frequency and intensity of delivering therapy services is limited by the authorization levels under which the county can bill and the types of services that insurance plans provide		

Team Decision-Making

Ten states (38%) were cited with non-compliance because their IFSPs did not result from the appropriate team decision-making process. There were four themes evident in the inappropriate decision-making processes used: parents or family members made decisions outside of a team meeting, service providers or therapists made decisions outside of a team meeting, a purchase of service committee or other financial review committee made the decisions, or available resources dictated decisions rather than the individual child's needs.

Parent choice was an inappropriate decision-making process in four states. Parents were often asked to make decision regarding the location of services prior to evaluation or assessment. Parents in one state said they felt they were “being asked to make professional decisions without professional knowledge” (OSEP, 2000, *New Mexico*, p. 19).

In five states, the IFSP was an area of non-compliance because providers made decisions outside of the IFSP team meeting. In many cases, professionals were determining frequency and intensity of services outside of the IFSP team meeting, sometimes changing services without written consent as in Florida where “written parental consent for services is not obtained if modifications were made to the services in the IFSP, after the initial IFSP meeting” (OSEP, 2001, *Florida*, p. 24).

In two states, purchase of service committees or other financial review teams rather than an individual child’s needs determined the services provided on the IFSP. One example is in Illinois, where members of the Quality Enhancement Team had “veto power” over IFSP team decisions. They made the final decision regarding the amount of service to be included in the IFSP and provided. Three administrators in Illinois confirmed to OSEP that “the IFSP team does not have the authority to ensure that children and families receive the early intervention services they need. The IFSP can only make recommendations; the final decisions regarding services are made by the Quality Enhancement Team” (OSEP, 2002, *Illinois*, p. 23).

In four states, available resources dictated the services provided to children and families. The location of programming, the availability of staff, payment policies, and the availability of existing programs were all reasons cited by these states for not providing services that met the child and family’s individual needs.

Services on the IFSP

Nine states were cited with non-compliance because all early intervention services were not included on the IFSP. These difficulties were further divided into four

categories: medical and “other services” not listed on the IFSP, only services provided by the agency or program writing the IFSP were listed, services not listed because they are not available, and misinformed or unaware administrators, service coordinators, or service providers.

Medical and “other services” were not always documented on the IFSP. For example, in South Carolina, parents across the state reported that they were unaware those services could be included on an IFSP, and they reported that they usually obtained those services on their own. In South Dakota, 18 of the 27 IFSPs reviewed by OSEP contained no entries in the other services section. Of those 18, six children’s records revealed significant medical involvement.

Many agencies or programs only listed the services they provide rather than include all services a child and family may be receiving. Service coordinators and case managers in three areas in Arkansas said that only services provided by their agency were included on the IFSP. Similarly, in Iowa only services provided by the service coordinators’ agencies were included on the IFSP. Parents, service coordinators, and local administrators in New Mexico stated that only services provided by one agency were listed on the IFSPs. In South Dakota, service coordinators and administrators said that services not provided by their early intervention program were not listed on the IFSP.

Sometimes services were not included on the IFSP because they were not available. For example in Colorado, respite, transportation, and assistive technology were not provided due to a lack of funds. Because they were not available, these services would not be listed on IFSPs regardless of need. In one county in Colorado, participants

interviewed by OSEP reported that IFSPs are written based on the availability of services and service providers rather than on the needs identified through evaluation and assessment. Providers there told OSEP that some identified needs are not included on IFSPs because of a lack of funds. Funding and availability of qualified providers were frequently noted reasons for the lack of available services.

Finally, some early intervention services were not included on the IFSP because service coordinators, administrators, or service providers were misinformed or unaware of the requirements. For example in Arkansas and Iowa, service coordinators and administrators stated that “they did not consider services to support the family in enhancing the development of their child to be early intervention services” (OSEP, 2000, *Arkansas*, p. 20).

Provision of Services

Six states were cited with non-compliance because they did not provide all services listed on the IFSP. Two themes stood out in this area, lack of funding and lack of qualified personnel. One state mentioned problems with transportation, and two states mentioned problems with providing services in rural areas.

Funding was a factor in states’ failure to provide all services listed on the IFSP. Service coordinators in one county in Colorado stated that “early intervention services are not an entitlement, and if there were inadequate funds, the services did not need to be provided” (OSEP, 2001, *Colorado*, p. 21). Service coordinators and parents in North Dakota told OSEP that if a family was ineligible for Medicaid or other public programs,

did not have insurance, or was not able to pay for the service, the child would not receive the service even if the need was documented in the evaluation.

A lack of qualified personnel has also impacted the provision of services. This was a concern in New Mexico. Local administrators, parents, service providers, and service coordinators in all five areas visited said that due to the rural nature of that state and lack of reimbursement for travel time, they have a shortage of providers. Parents on a reservation said that it is difficult to get services due to the remote location and that staff is reluctant to go there. Louisiana also had difficulty providing services due to a lack of providers. Children have waited from one to six months for a service provider to be available to provide the needed service. “One service coordinator cited the case of a child who waited almost a year for services, only to turn three and no longer be eligible for early intervention” (OSEP, 2001, *Louisiana*, pp. 18-19).

Service Coordination

A total of 14 (54%) states were cited with non-compliance due to concerns in service coordination. Two areas of non-compliance were found in the area of service coordination. First, 12 states were cited because service coordinators were not carrying out all service coordination duties. Second, six states were cited with not appointing a service coordinator at the time of referral or not providing each child and family with a single point of contact. Table 3 summarizes citations in this area for each state.

Table 3.

Citations regarding service coordination by state

State	Failure to carry out all service coordination duties	Service coordinator not appointed at time of referral/No single point of contact
AK		No single point of contact – service coordination carried out by three entities
AZ	High caseloads/personnel shortage – don't have time to monitor IFSPs or carry out basic functions Travel in rural areas hindered service coordination Training – service coordinators don't receive adequate training	
CO	Service coordinators lack knowledge in key areas Training – service coordinators need more training	No single point of contact – some children had three different service coordinators representing three different agencies
DC	Service coordinators lack knowledge regarding their duties	
FL	High caseloads prevent service coordinators from carrying out duties	
IL	High caseloads – service coordinators spend too much time completing paperwork Travel in rural areas hindered service coordination Training – service coordinators need more training	
IA	Agency exclusive – service coordinators don't coordinate services across agencies and don't coordinate medical or community services	
LA	Agency exclusive – service coordinators don't ask families about medical/other services	Not appointed at time of referral – service coordinator assigned after evaluations and assessments
NJ	High caseloads prevent service coordinators from carrying out duties Training – service coordinators need more training	
NM	Agency exclusive – parents need to find their own services if not provided by the service coordinator's agency	
NY	High caseloads prevent service coordinators from carrying out duties	
ND		No single point of contact – did not ensure appointment of single service coordinator who is responsible for service coordination duties
OH	High caseloads/personnel shortage – not enough service coordinators, parents do service coordination tasks Agency exclusive – Service coordination limited to service coordinator's program services	No single point of contact – individuals from different agencies performed some, but not all, service coordination duties Not appointed at time of referral – gaps in service coordination as child transitions from service coordinator at the hospital to service coordinator in the community and from home-based to center-based programming
WA	Service coordinators lack knowledge regarding their roles High caseloads/personnel shortage – excessive paperwork	Not appointed at time of referral

Failure to Coordinate Services

Twelve states (46%) were cited with non-compliance because their service coordinators were not carrying out all service coordinator duties. Four themes were evident in this area of non-compliance: service coordinators' lack of knowledge regarding resources and their role; large caseloads and personnel shortages, particularly in rural areas; lack of training in service coordination duties; and coordination of only services provided by the service coordinator's program or agency. These concerns led to many parents reporting that they coordinate their own services or are confused about whom their service coordinator is and what their role should be.

In three states, service coordinators, administrators, and parents reported that some service coordinators lack knowledge in key areas. For example, in Colorado, one parent reported organizing the IFSP process because her service coordinator did not have an understanding of the local early intervention system and procedures used by local agency providers. Service coordinators in Colorado reported to OSEP that they don't know the service options available in the community. They also could not describe the duties of a service coordinator and stated that they don't understand each other's agencies.

The second theme that was evident was that high caseloads and a shortage of qualified personnel contributed to the failure to carry out all service coordination duties. This was a concern in seven states. Some states had difficulty with this due to their rural nature. In New York, service coordinators reported caseloads as high as 500 families which made it impossible to carry out service coordinator duties.

The third theme that impacted service coordination was a lack of training for service coordinators. This theme was found in four states. One administrator in Arizona said that service coordinators don't receive adequate training. Service coordinators in Colorado, New Jersey, and Illinois also reported they need more training.

The fourth theme that was evident in this area was that service coordinators were coordinating only services provided by their program or agency. This was the case in four states. In Iowa, administrators told OSEP that service coordinators did not coordinate services provided across agencies, and they did not coordinate medical or community services.

Failure to Provide a Single Point of Contact

Six states were cited with non-compliance because there was no single point of contact or a service coordinator was not appointed at the time of referral. Some states were cited because the role of service coordinator was filled by individuals from multiple agencies. These individuals often had unclear roles and responsibilities, resulting in gaps in service or duplication of services. Other states were cited because a service coordinator was not appointed at the time of referral. Instead, a service coordinator was appointed when the IFSP was written, leaving the family without that support during the evaluation and assessment.

Service coordination activities were sometimes carried out by multiple individuals from different agencies or programs. In Arkansas, service coordination was carried out by three different entities. These individuals perform some, but not all, of the activities for service coordination required by Part C. Interviewees in Arkansas said there were not

enough personnel to fulfill service coordination requirements. This lack of a single point of contact in these states caused confusion for parents and providers regarding roles, some duplication of duties, and some gaps in services.

A service coordinator was not always appointed at the time of referral. One example is in Washington, where record reviews in four of the sites visited and interviews with administrators, parents, local interagency coordinating council members, service providers, and family resource coordinators indicated that families were not always provided with a family resource coordinator at the time of referral. At one site, family resource coordinators told OSEP that the first time a family resource coordinator meets with a family is when the IFSP is written.

Summary of Results

The purpose of this study was to examine trends and identify barriers across the nation in family-centeredness in early intervention by analyzing OSEP's state monitoring reports. Areas of the reports pertaining to family-centered supports and services, the IFSP, and service coordination were examined.

Each of the 12 states (46%) cited with non-compliance in family-centered supports and services had difficulties with family assessment. One frequently cited barrier (eight states) was the lack of an efficient and effective family assessment tool. Lack of time and heavy caseloads were discussed as barriers to high-quality family assessments by providers in two states. There was also a lack of family outcomes, services, and supports written into the IFSP. In some cases, parents requested services that were not provided. In other cases, there was a lack of understanding regarding

family outcomes and early intervention services or a lack of available services and supports.

The IFSP was the largest area of non-compliance, with 69% of the states in this study cited in this area. Reasons ranged from a lack of required IFSP components, problems with the IFSP decision-making process, problems documenting services on the IFSP, and problems providing services on the IFSP. The decision-making process was the largest area of concern in the family-centeredness of the IFSP. Ten states struggled to make decisions using the mandated team approach. Decisions in these states were made by parents, providers, or a purchase of services committee; or, decisions were dictated by the available resources. Another significant area of concern was the documentation of services on the IFSP. Nine states struggled to document services appropriately. Cited problems in this area included medical or “other” services not included on the IFSP, services provided by programs outside of the service coordinator’s agency not included on the IFSP, providers or service coordinators lacked information about early intervention services, or a lack of available services.

Service coordination was an area of concern in 54% of the states in the sample. States cited with non-compliance in this area were not carrying out all service coordination duties, not appointing a service coordinator at the time of referral, or not providing each child and family with a single point of contact. Seven of the twelve states cited with failure to carry out all service coordination duties reported that service coordinators are prevented from fulfilling their duties by high caseloads. Seven of the twelve states also reported that service coordinators are in need of training regarding their

roles or lack knowledge regarding their required duties. Other problems in service coordination were the result of a lack of communication between the multiple agencies serving children and families. Six states were cited because they did not provide a single point of contact or appoint a service coordinator at the time of referral.

CHAPTER 4

DISCUSSION

Implications

The results of this study indicated some serious needs in the early intervention system. In the area of family-centered supports and services, there is a definite need for consistent training in conducting family assessment and writing family outcomes. Each state that was cited as non-compliant in the family-centered service section of their state's monitoring report reported difficulties with family assessment. Many providers said that family assessments were not completed because they did not have a method or mechanism to identify family needs, concerns, or resources. Many other providers also said that the family assessment tools they are using are not effective or do not lead to the development of family outcomes. Quality family assessments would logically lead to family outcomes which would logically lead to appropriate family supports and services. Research, development, and dissemination of quick yet effective family assessment tools and methods are needed.

Needs were also evident in the citations regarding the IFSP. One of the largest reasons for non-compliance in this area was the failure to use a true team decision-making process to develop the IFSP. Pre-service and in-service training for early intervention service providers needs to include a focus on inter-disciplinary collaboration. An increase in collaboration across disciplines would not only improve the decision-making process, but would also hopefully improve the documentation of services. Infants and toddlers with disabilities are often involved with numerous service providers

from various disciplines and agencies. Providers must communicate and document beyond agency or program boundaries about the services needed by and provided to children and families. They must clearly communicate regarding the roles of each provider with the child and family and about the services and resources their agency or program has available.

In order to improve compliance with service coordination requirements, improvement is necessary in service coordinator training. In some states service coordinators did not understand their roles and the legislative requirements of Part C. In addition, knowledgeable and skilled service coordinators would decrease the non-compliance in the areas noted previously. High-quality service coordinators would ideally carry out meaningful family assessments, which would in turn lead to meaningful family outcomes and supports and services. They would facilitate the team decision-making process and inter-disciplinary communication. They would ensure appropriate documentation of all services needed by a child and family in the early intervention system.

Finally, the greatest need in improving family-centered early intervention services to children with disabilities and their families is increased funding. The tools, training, and inter-disciplinary collaboration noted above would all require funding to improve. Caseloads are far too high in some areas for legislative requirements to be met. No matter how skilled and knowledgeable the service coordinator, if they are expected to serve 500 families, they won't be able to meet legislative requirements. There are not enough qualified personnel to provide the services to which infants and toddlers with

disabilities and their families are entitled. Increased funding is necessary in order to attract and retain highly qualified staff which would lower caseloads. In some areas, there is a lack of resources and services to support children and families due to a lack of funding.

Limitations

Because this study used qualitative research methods to analyze the contents of OSEP's state monitoring reports, the results are limited by the data that OSEP chose to collect and the methods with which they collected it. These methods could have varied slightly from year to year.

A second limitation of this study is that the data examined and reported were collected in the states between 1998 and 2002. A great deal could have changed in the states mentioned since that time.

The purpose of this study was to identify some broad trends and barriers in early intervention based on state monitoring reports. However, it is important to remember that one site or one statement does not indicate a national trend. Quotes from parents and professionals and state-specific information were utilized to provide an example of concerns in one area rather than to imply a nation-wide trend. Quantifying information was included in the discussion regarding concerns when it was available in order to provide the reader with some indication of the magnitude of the concern.

Finally, the results of this study appear to paint a rather bleak picture of early intervention across the United States. OSEP conducts compliance monitoring; they are looking for evidence of non-compliance, and they find it. However, the state monitoring

reports also contain descriptions of areas of strength in many states. A similar analysis could be conducted focusing on the positive trends in family-centered early intervention across the country. The focus on areas of non-compliance provided useful information for those designing pre-service training programs or for those planning to conduct or disseminate research in family-centered early intervention.

REFERENCES

- Allen, R. I., & Petr, C.G. (1996). Toward developing standards and measurements for family-centered practice in family support programs. In G.H.S. Singer, L.E. Powers, & A.L. Olson (Eds.), *Redefining Family Support: Innovations in Public-private Partnerships*. Baltimore, MD: Paul H. Brookes Publishing.
- Baird, S. & Peterson, J. (1997). Seeking a comfortable fit between family-centered philosophy and infant-parent interaction in early intervention: time for a paradigm shift? *Topics in Early Childhood Special Education*, 17, 139-64.
- Bruder, M.B. (2000a). Family-centered early intervention: clarifying our values for the new millennium. *Topics in Early Childhood Special Education*, 20(2).
- Bruder, M.B. (2000b). The Individual Family Service Plan (IFSP). Arlington, VA: ERIC Clearinghouse on Disabilities and Gifted Education, Office of Educational Research and Improvement. (ERIC Document Reproduction Service No. ED449634)
- Dunst, C., Johanson, C., Trivette, C., & Hamby, D. (1991). Family-oriented early intervention policies and practices: family-centered or not? (analysis of laws, legislation, state-policies and services affecting families) (Special issue: Trends and Issues in Early Intervention) *Exceptional Children*, 58(2).
- Dunst, C., Trivette, C., & Deal, A. (1988). *Enabling and Empowering Families: Principles and Guidelines for Practice*. Cambridge, MA: Brookline Books.
- Dunst, C., Trivette, C., & Deal, A. (1994). Final thoughts concerning adoption of family-centered intervention practices. In C.J. Dunst, C.M. Trivette, & A.G. Deal (Eds.), *Supporting and Strengthening Families: Volume 1: Methods, Strategies and Practices* (pp. 222-225). Cambridge, MA: Brookline Books.
- Individual with Disabilities Education Act, 20 U.S.C. Section 1401 et seq. (1999).
- Johnson, R. (1997). Examining the validity structure of qualitative research. *Education*, 118, 282-292.
- McWilliam, R.A., Ferguson, A., Harbin, G.L., Porter, P., Munn, D., & Vandiviere, P. (1998). The family-centeredness of individualized family service plans. *Topics in Early Childhood Special Education*, 18(2), 69-82.
- McWilliam, R.A., Tocci, L., & Harbin, G.L. (1998). Family-centered services: service providers' discourse and behavior. *Topics in Early Childhood Special Education*, 18(4).

- National Early Childhood Technical Assistance Center. (n.d.). *Monitoring*. Retrieved February 19, 2005, from <http://www.nectac.org/topics/quality/monitoring.asp?text=1>
- Office of Special Education Programs (1999). *California monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/speced/guid/idea/monitor/osep-monitoring-reports.html>
- Office of Special Education Programs (1999). *North Dakota monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/speced/guid/idea/monitor/osep-monitoring-reports.html>
- Office of Special Education Programs (1999). *South Dakota monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/speced/guid/idea/monitor/osep-monitoring-reports.html>
- Office of Special Education Programs (1999). *Utah monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/speced/guid/idea/monitor/osep-monitoring-reports.html>
- Office of Special Education Programs (1999). *Washington monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/speced/guid/idea/monitor/osep-monitoring-reports.html>
- Office of Special Education Programs (2000). *Arizona monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/speced/guid/idea/monitor/osep-monitoring-reports.html>
- Office of Special Education Programs (2000). *Arkansas monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/speced/guid/idea/monitor/osep-monitoring-reports.html>
- Office of Special Education Programs (2000). *Massachusetts monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/speced/guid/idea/monitor/osep-monitoring-reports.html>
- Office of Special Education Programs (2000). *Montana monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/speced/guid/idea/monitor/osep-monitoring-reports.html>

- Office of Special Education Programs (2000). *Nebraska monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/special/guid/idea/monitor/osep-monitoring-reports.html>
- Office of Special Education Programs (2000). *New Mexico monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/special/guid/idea/monitor/osep-monitoring-reports.html>
- Office of Special Education Programs (2000). *Wisconsin monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/special/guid/idea/monitor/osep-monitoring-reports.html>
- Office of Special Education Programs (2001). *Colorado monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/special/guid/idea/monitor/osep-monitoring-reports.html>
- Office of Special Education Programs (2001). *Florida monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/special/guid/idea/monitor/osep-monitoring-reports.html>
- Office of Special Education Programs (2001). *Louisiana monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/special/guid/idea/monitor/osep-monitoring-reports.html>
- Office of Special Education Programs (2001). *Maryland monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/special/guid/idea/monitor/osep-monitoring-reports.html>
- Office of Special Education Programs (2001). *New Jersey monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/special/guid/idea/monitor/osep-monitoring-reports.html>
- Office of Special Education Programs (2001). *New York monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/special/guid/idea/monitor/osep-monitoring-reports.html>
- Office of Special Education Programs (2001). *Ohio monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/special/guid/idea/monitor/osep-monitoring-reports.html>

- Office of Special Education Programs (2002). *District of Columbia monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/speced/guid/idea/monitor/osep-monitoring-reports.html>
- Office of Special Education Programs (2002). *Hawaii monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/speced/guid/idea/monitor/osep-monitoring-reports.html>
- Office of Special Education Programs (2002). *Illinois monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/speced/guid/idea/monitor/osep-monitoring-reports.html>
- Office of Special Education Programs (2002). *Iowa monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/speced/guid/idea/monitor/osep-monitoring-reports.html>
- Office of Special Education Programs (2002). *Pennsylvania monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/speced/guid/idea/monitor/osep-monitoring-reports.html>
- Office of Special Education Programs (2003). *South Carolina monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/speced/guid/idea/monitor/osep-monitoring-reports.html>
- Office of Special Education Programs (2003). *Texas monitoring report*. Washington, DC: United States Department of Education. Retrieved May 15, 2003, from <http://www.ed.gov/policy/speced/guid/idea/monitor/osep-monitoring-reports.html>
- Park, J. & Turnbull, A. (2003). Service integration in early intervention: Determining interpersonal and structural factors for its success. *Infants & Young Children*, 16(1), 48-59.
- Stemler, S. (2001). An overview of content analysis. *Practical Assessment, Research & Evaluation*, 7(17). Retrieved May 15, 2005, from <http://PAREonline.net/getvn.asp?v=7&n=17>
- Thompson, L., Lobb, C., Elling, R., Herman, S., Jurkiewicz, T., & Hulleza, C. (1997). Pathways to family empowerment: effects of family-centered delivery of early intervention services. *Exceptional Children*, 64(1), 99-113.

- Turnbull, A., Turbiville, V., & Turnbull, H. (2000). Evolution of family-professional partnerships: Collective empowerment as the model for the early twenty-first century. In S.J. Meisels & J.P. Shonkoff (Eds.), *Handbook of Early Intervention* (pp. 630-650). New York, NY: Cambridge University Press.
- United States Department of Education. (n.d.). *Table: Part C Annual Performance Report, Status of Program Performance*. Retrieved February 19, 2005, from <http://www.ed.gov/policy/speced/guid/idea/capr/index.html>

State	Dates of visit	Lead Agency	Family Centered Service	IFSP	Service Coordination
Arizona	Oct. 1998 & Jan. 1999	Dept. of Economic Security			Failure to ensure all service coordinator functions are implemented.
Arkansas	Nov. 1999 & January 2000	Dept. of Human Services	Family supports and services not included on IFSPs.	All needed services not included on IFSPs. Appropriate IFSP team decision-making process not used.	No single point of contact.
California	June 1998	Dept. of Developmental Services		IFSPs do not include all required components. Early intervention services determined by Purchase of Service committee rather than by the IFSP team.	
Colorado	Nov. 1999 & January 2000	Dept. of Education		All services that are needed are not written on the IFSP. Services on IFSPs are not provided due to a lack of funds.	Lack of a single service coordinator. Failure to implement all service coordination responsibilities.
Washington, D.C.	March 2001	Dept. of Human Services	Family supports and services not identified on the IFSP	Lack of individualized decision-making by IFSP team about needed services. Lack of all required content in the IFSP.	Failure of service coordinator to coordinate all services.
Florida	Dec. 1999-Feb. 2000	Dept. of Health	Family supports and services not identified on the IFSP.	IFSP decision made outside of the IFSP meeting.	Failure to ensure the implementation of required service coordination activities. Lack of documentation & coordination of other services on the IFSP.
Hawaii	Oct. 2000-Feb. 2001	Dept. of Health		IFSPs are not developed with required content.	
Illinois	Oct. 2001-April 2002	Dept. of Human Services		Did not ensure that the IFSP team determined the content of each child's IFSP.	Failed to ensure that infants and toddlers with disabilities and their families receive service coordination that meets Part C requirements.
Iowa	Oct. 2001	Dept. of Education	Family supports and services not identified or included on the IFSP.	IFSPs do not include all early intervention services needed by the family & child or other services needed by the child.	Failure to perform all service coordinator duties.
Louisiana	Nov. 1999-Feb. 2000	Dept. of Education	Family supports and services not identified or provided.	Services added to the IFSP or eliminated or reduced without an IFSP meeting and provided without parental consent. All services not included on the IFSP. Services on the IFSP not provided.	Service coordinator not appointed at the time of referral. Information not provided on parent rights. Failure of service coordinator to coordinate all services.
Maryland	Oct. 1999	Dept. of Education	Lack of effective strategies to ensure opportunity for family assessment.		

APPENDIX

State	Dates of visit	Lead Agency	Family Centered Services	IFSP	Service Coordination
Massachusetts	Nov. 1998 Feb. 1999 April 1999	Dept. of Public Health			
Montana	March & April 1999	Dept. of Public Health & Human Services			
Nebraska	Aug. & Oct. 1998	Dept. of Health & Human Services			
New Jersey	Feb. 2000 & Sept. 2000	Dept. of Health & Senior Services	Inadequate identification of family supports and services in IFSPs.	All needed IFSP services are not identified and provided.	Failure to implement service coordinator responsibilities.
New Mexico	Oct. & Dec. 1998			Lack of individualized decision-making by the IFSP team. Failure to provide all services identified on the IFSP. Failure to include all services needed on the IFSP.	Coordination of all child & family services.
New York	Feb. & April 1999	Dept. of Health	Failure to identify and document family needs, supports, and services on the IFSP.		All service coordination activities are not provided to families.
North Dakota	Aug. & Sept. 1998	Dept. of Human Services		All needed services not included on IFSPs. Inclusion of identified and non-required services on the IFSP. Services provided at no cost to the family.	Appointment of a single service coordinator.
Ohio	Aug. & Oct. 1999	Dept. of Health		IFSPs are not developed based on evaluations and assessments and early intervention services are not based on the unique needs of the child and the family.	Has not ensured one service coordinator is available for each child and that all service coordination activities are available for each child.

State	Dates of visit	Lead Agency	Family Centered Services	IFSP	Service Coordination
Pennsylvania	March & Oct. 2000	Dept. of Public Welfare	Family supports and services not identified or included on the IFSP.	IFSPs do not include all early intervention services needed by the child's family. IFSP decision-making process not used to determine the natural environment for the provision of services and location of services. Medical and other services not included on the IFSP.	
South Carolina	Feb. 2002	Dept. of Health & Environmental Control		IFSPs don't contain the required content. Needed services are delayed or not provided.	Does not ensure that a family-directed identification of the needs of each child's family, to appropriately assist in the development of the child is offered.
South Dakota	April & May 1999	Dept. of Education & Cultural Affairs	Failure to include family supports and services on the IFSP.	Failure to include all needed early intervention services on the IFSP. Failure to include all services on the IFSP. Failure to include family supports and services on the IFSP.	
Texas	May 2002	Interagency Council on Early Childhood Intervention		Outcomes for family, specific early intervention services for the family, and medical and other services not included on the IFSP.	
Utah	Oct. & Dec. 1998	Dept. of Health & State Office of Education			
Washington	Aug. & Oct. 1998	Dept. of Social & Health Services			Not ensured that each child is provided with a single family resource coordinator who is responsible for the activities specified in federal regulations.
Wisconsin	Nov. 1998 & Feb. 1999	Dept. of Health & Family Services	Identification of family supports and services in IFSPs.	Individualized IFSP decisions regarding services for each child.	